

FORM D



UNITED STATES
LIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden

hours per response.....16.00

SEC USE ONLY							
Prefix	Serial						
DATE F	ECEIVED						
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THE CRIVILLE OF EXING EXEMPTION
Name of Offering (Typheck of this is an amendment and name has changed, and indicate change.) MAXWELL OLGAROS FUND
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
MAXWELL OLYMPUS FUND, L.P.
MAXWELL OLYMPUS FUND, L.P. Address of Executive Offices BO7 East Pacific Drive, American Fork, UT 84003 (801) 847-1030
Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
private investment company / hedge fund
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed other (please specify): AUG 0 6 2003
Actual or Estimated Date of Incorporation or Organization: Month Year Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

M

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:	· · ·	
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition or 	f, 10% or more of a	a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and mana	aging partners of p	artnership issuers; and
 Each general and managing partner of partnership issuers. 		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
807 East Pacific Drive American Fork Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	UFAH	<u>8</u> 4∞3
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
MAXWELL INVESTMENTS, LLC Business or Residence Address (Number and Street, City, State, Zip Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) BO7 East Pacific Drive, American Fork,	1 - 4.1	84003
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	□ Director	General and/or
Check Box(cs) that Apply. Tromotel Beneficial Owner Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		1970
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	300	

					. B. IN	FORMATI	ON ABOU	r offeri	NG .	- 1			
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ☑			
2.	What is	the minim	um invectm					_				\$100	,000,
۷.	What is the minimum investment that will be accepted from any individual?									Yes	No No		
3.	Does the offering permit joint ownership of a single unit?										\(\sigma_{\sigma}^{3} \)		
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (I	ast name i	first, if indi	vidual)	·				NA				
Bus	siness or l	Residence.	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Nai	me of Ass	ociated Br	oker or Dea	aler	-								
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit F	urchasers						
	(Check	"All States	" or check	individual	States)	***************************************						☐ All	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	II Name (I	Last name	first, if indi	ividual)						V 844 18	****		- Park Programme
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)			*			
Na	me of Ass	sociated Br	oker or Dea	aler							····		
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	" or check	individual	States)			••••••	•••••			All	States
	AL IL MT	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Fu	li Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated B	oker or De	aler									
Sta	ates in Wi	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
			s" or check							•••••		☐ AI	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK W1	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	ß	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests		\$ 244,000.
	Other (Specify)		•
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 244.000.
	Non-accredited Investors		\$ 0.
	Total (for filings under Rule 504 only)		\$ \$
	Answer also in Appendix, Column 4, if filing under ULOE.		Φ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total		\$ 6 .

	Enter the difference between the aggregate offering			
	nd total expenses furnished in response to Part C — Quroceeds to the issuer."			\$ 50,000,000.
e: c	ndicate below the amount of the adjusted gross proce ach of the purposes shown. If the amount for any p heck the box to the left of the estimate. The total of th roceeds to the issuer set forth in response to Part C	ourpose is not known, furnish an estimate and e payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	alaries and fees		 -	
P	urchase of real estate		\$	_ 🗆 \$
P	urchase, rental or leasing and installation of machin	nery	¢	ПС
	Construction or leasing of plant buildings and facilit			_
A 0	cquisition of other businesses (including the value ffering that may be used in exchange for the assets suer pursuant to a merger)	of securities involved in this or securities of another		_
	epayment of indebtedness			
V	Vorking capital		\$	\$ <u></u> \$\$0,000,000
C	Other (specify):		\$	_ 🗆 \$
_			\$	_ 🗆 \$
C	Column Totals		□\$ <u>o.</u>	_ [] \$ <u>50,000,0</u> 00
Т	otal Payments Listed (column totals added)		□\$_\$	<u>So,000,0</u> 00.
		D. FEDERAL SIGNATURE		
	suer has duly caused this notice to be signed by the unure constitutes an undertaking by the issuer to furnis			
	formation furnished by the issuer to any non-accrec			en request or its starr,
		Signatur Mi All	Date	
<u> イト</u>	XWELL OLYMPUS FUND, L.P.	They I YMM	21 JULY	2003
_	of Signer (Print or Type)	Fitle of Signer (Print or Type)	1 1	
څΑ	RY J. MAXWELL F	President of Maxwell Inves	strents, L	its general

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ✓

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
MAXWELL OLYMPUS FUND, L.P.	Signature Man	21 JULY 2003	,
Name (Print or Type)	Title (Print or Type)		
GARY J. MAXWELL	President of Maxwel	I Investments LLC, its general pe	يطهوا

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1					AP	PENDIX		i ika u		
AL	1	Intendation non-a	I to sell ccredited s in State	Type of security and aggregate offering price offered in state		4 Type of investor and amount purchased in State			Disqual under Sta (if yes, explana waiver	ification ate ULOE attach ation of granted)
AL	State	Yes	No	limited partnership \$50,000,000.	Accredited	Amount	Non-Accredited	Amount	Yes	No
AZ	AL		×							×
AR	AK		×	1,						*
CA	AZ		×	N.						×
CO	AR		×	11						*
CT	CA		×	4				-		×
DE	СО		×	41				1		*
DC X " FL X " GA X " HI X " ID Y " IL X " IN Y " IA X " KS Y " KY X " LA X " ME X " MD X " MA X " MI Y " MN X "	СТ		*	48						×
FL	DE	i	×	и						×
GA X 11 HI X 11 ID Y 11 IL X 11 IN X 11 IA X 11 KS Y 11 KY X 11 LA X 11 ME X 11 MD X 11 MA X 11 MI Y 11 MN X 11	DC		×	11				i		×
HI	FŁ		×	11						×
IID	GA		*	11						*
IIL	HI		*	1.1						×
IN	ID		Y	N						*
IA	IL		×	u						×
KS	IN		*	11						×
KY X !! LA X !! ME X !! MD X !! MA X !! MI Y !! MN X !!	IA		×	D						×
LA * (1) ME * (1) MD * (1) MA * (1) MI * (1) MN * (1)	KS		¥	\$1						×
ME	KY		×	11						X
MD	LA		×	1.0						×
MA	ME		×	(1)						*
MI × II	MD		×	ч						×
MN × 11	MA		×	11						×
	MI		×	W.						ĸ
MS × 11	MN		×	11						×
	MS		×	11						×

A	\mathbf{P}	PEN	IDI	X

1	2 3			5						
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	linited portreship \$50,000,000.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		X	11			_			×	
МТ		×	31	c					×	
NE		×	11						×	
NV		×	10						×	
NH		X	11						×	
NJ		×	N						*	
NM		×	(1						×	
NY		×	10						×	
NC		Y	•0						×	
ND		×	(1						×	
ОН		×	10						×	
ОК		×	•4						×	
OR		×	14						y	
PA		×	tt						×	
RI		×	1,						×	
SC		×	(1						×	
SD		×	11						×	
TN		K	0.6						×	
TX		×	04						*	
UT		×		1	\$244,000.	0	\$ 0.		×	
VT		×	0 *						×	
VA		×	11						×	
WA		¥	6.4						×	
WV		×	11						×	
WI		×	(1						×	

APPENDIX									
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	partnership \$50,000,000.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		*							*
PR		×							*